Best Available Copy

PATENT APPLICATION FEE DETERMINATION RECORD Effectiv December 8, 2004									ORD	Application or Docket Number /0/539974														
CLAIMS AS FILED - PART						(Celum	in 2)		SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY													
U.S	. NATIONAL	STAGE FEES						RATE	FEE	1	RATE	FEE												
BAS	IC FEE		SMALL ENT	LAR	36 EM	.=\$300		BASIC FEE		OR	BASIC FEE	290												
Đυ	MINATION FE	Œ	Satisfies PCT A	All other situations = \$ 100 / \$ 200				EXAM. FEE		1	EXAM FEE	700												
SEA	RCH FEE .		U.S. in ISA = 1 ALL other con \$ 200 / \$	All other albeitions = \$ 250 / \$ 500				SEARCH FEE			SEARCH FEE	400												
FEE	FOR EXTRA S	PEC. PGS.	, min	/50 ±				X \$ 125 =		j	X\$250=													
101	AL CHARGEA	BLE CLABAS	23 mi	. 3				X \$ 25 =	•	OR	X \$ 50 =	150												
ND	EPENDENT CL	AIMS	3 "	• •				X \$ 100 =		OR	X\$200 =	100												
MUL	TIPLE DEPEN	DENT CLAIM PR	ESENT					+ \$ 180 =	·	OR	+\$ 360 =													
* If the difference in column 1 is less than zero, enter "O" in column 2								•	TOTAL		OR	TOTAL	1050											
CLAIMS AS AMENDED - PART II 6/19/0 5 (Column 1) (Column 2) (Column 3)									OTHER THAN SMALL ENTITY OR SMALL ENTITY															
AMENDMENT A	· 	CLAIMS REMAINING AFTER AMENDMENT	·	HIGH NUM PREVX PAID	BER XUSLY		iesent Extra		RATE	ADDI- TIONAL FEE	٠	RATE .	ADDI- TRONAL FEE											
	Total	. 53	Minus	J	3	• `	,		X \$ 25 =		OR	X\$50=-												
	Indepe ndent	• 3	Mhus	···· 3	<u> </u>	- `	,		X \$ 100 =		OR	X \$ 200 =	•											
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+\$ 180 =		OR	+\$ 360 =													
. 1670									TOTAL ADDIT. FEE		OR	TOYAL ADDIT. FEE												
(Column 2) (Column 3)													•											
MENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	EST BER BUSLY	PR	ESENT EXTRA		RATE	ADDI- TIONAL FEE	·	RATE	ADDI- TIONAL FEE											
	Total	· 27	Minus	- 20		- 7	7		X \$ 25 =		OR	X\$ 60 =	200											
AMEND	Independent	• 4	Minus	0)	<u>.</u>	7		X \$ 100 =		OR	X \$ 200 =	ALY											
	FIRST PRESENTATION OF MULTIPLE DEPENDENT			ENDENT (LAIM			Ī	+ \$ 180 =		OR	+\$360=	7											
		· -		TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	400																
***	lf the "Highest Nu If the "Highest Nu	mber Previously Pai mber Previously Pai	6 For IN THIS SP 6 For IN THIS SP	ACE is less	than 'X'	or, enter	ਤ .	in the	appropriate box	In column 1,		* If the entry in column 1 is less than the entry in column 2, write "O" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

FORM PTO-675 (Raw. 02/2005

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